



**Comments of the Massachusetts Medical Society  
To The Health Policy Commission  
May 15, 2015**

**RE: Registration of Provider Organizations Data Submission Manual**

The Massachusetts Medical Society appreciates the opportunity to provide comment for second part of the Health Policy Commission's Registration for Provider Organization (RPO) Data Submission Manual (DSM). The Medical Society appreciates being involved in the stakeholder engagement process whereby many preliminary concerns raised by the Society have been adequately addressed by the Commission. However, the MMS still has concerns about the length and complexity of the registration process. While the administrative burden of some of these specific programs such as RPO may be justified in abstract, the burden of these programs in aggregate is immense, never mind other external administrative pressures on provider organizations. In sum, the request in our comments and those of others to find ways to streamline this process are vitally important.

**Background Files**

There appear to be many instances of duplicative questions throughout the 51 page manual. A question-by-question review for the entire DSM to eliminate duplication would be an important first step before final publication of the registration manual. For example, the MMS questions whether RPO-40 through RPO-47 are unnecessary given questions in the contracting affiliations file such as RPO-69 which asks for the same information about payers with which the contract entity contracts. Additionally, in this Background Files section, a reduction in the scope of information requested for "community advisory boards" of the provider organization or any of its corporate affiliates (RPO-44) would be helpful as a requirement of a description of the composition, mission, and purpose of each board seems excessive and without justification.

**Contracting File**

In RPO-69, determining the "Start Year" for each category selected can be difficult and require finding original contracting files, and does not appear to be a statutory mandate. A compromise could be asking if any of the listed contracts began in the prior year or two, to determine this information about new contracts as the registration program moves forward. Additionally, the detailed questions about the nature of risk in global payment contracts seem to ask for similar information as contained in the Risk-Based Provider Certification program. Any information sharing or streamlining with the Division of Insurance that could reduce these questions on either process would be helpful.

**Physician Roster File**

The Physician Roster File has several confusing data elements. The difference between the Primary Site of Practice, Medical Group Name, and Local Practice Group 1 and 2 should be streamlined, or at least, better defined. Any details about the physicians that can be obtained from the Board of Registration in Medicine should not be requested on this roster form. Since both entities will have unique NPIs, the

information should be able to be shared. Lastly, any assistance that the HPC can provide, such as tutorials or “how-to guides”, about how to convert MHQP physician data files, once verified, to the HPC templates would be helpful given the scope of this request.

### **Support Services for Part II**

The MMS commends the HPC staff for their willingness to meet individually with provider organizations for Part I of the registration process. We wish to request that an equal or great outreach and support program takes place for Part II, including more technical assistance for some data conversion, such as the MPQP issue referenced above. An ongoing “Frequently Asked Questions” for further clarification as other provider organizations submit questions would also be beneficial. Lastly, ensuring that the twenty pages of “technical notes” are easily accessible is important, especially since the “definitions” section at the beginning can lead one to assume that there is not additional clarification.

The Medical Society strongly encourages the Health Policy Commission to continue the process of reducing the scope of the endeavor that will be “RPO Part II.” Whether this is through prioritizing certain elements of information and eliminating others, or through collaborations with other state agencies to leverage existing data points, any and all means to reduce the scope of this process are valuable to the provider community. The failure to simplify will likely result in only large entities being able to administratively fulfill these and other like requirements resulting in potential increased consolidation in the marketplace.

Thank you for the opportunity to provide feedback for this important program.

The Massachusetts Medical Society, with more than 24,000 physicians and student members, is dedicated to educating and advocating for the patients and physicians of Massachusetts. The Society, under the auspices of NEJM Group, publishes the New England Journal of Medicine, a leading global medical journal and web site, and NEJM Journal Watch alerts and publications covering 13 specialties. The Society is also a leader in continuing medical education for health care professionals throughout Massachusetts, conducting a variety of medical education programs for physicians and health care professionals. Founded in 1781, MMS is the oldest continuously operating medical society in the country.